

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

PAUL
SLECHTA

OFFICE USE ONLY

Date Received

OCT 26 2015

2:00 P.M.

AB

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2703 PEBBLE STONE
GRAPEVINE, TX. 76051

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 360-8146

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

WILL
WICKMAN

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1811 OCTOBER CT. GRAPEVINE, TX. 76051

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 781-3688

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

9/25/15

THROUGH

Month

Day

Year

10/24/15

11 ELECTION

ELECTION DATE

Month

Day

Year

11/3/15

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☒ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL
PLACE 1

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME PAUL SLECHTA 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 370.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,070.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,191.90

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

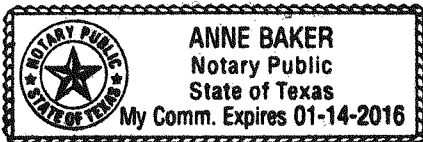
\$ 578.10

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said PAUL SLECHTA, this the 26th day of OCTOBER 20 15, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

ANNE BAKER

Printed name of officer administering oath

NOTARY

Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

PAUL SUECHTA

3 Filer ID (Ethics Commission Filers)

4 Date

10/7/15

5 Full name of contributor

☐ out-of-state PAC (ID#:

DENNIS & JAN LUIERS

6 Contributor address;

City; State; Zip Code

3905 WINDVIEW ST.
GRAPEVINE, TX. 76051

7 Amount of contribution (\$)

100.⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/7/15

Full name of contributor

☐ out-of-state PAC (ID#:

JOHN & JANICE KANE

Contributor address;

City; State; Zip Code

1808 KENDALL COURT
KELLER, TX. 76248

Amount of contribution (\$)

100.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7/15

Full name of contributor

☐ out-of-state PAC (ID#:

EDIE GILLETTE

Contributor address;

City; State; Zip Code

2945 SILVERCREST LN
GRAPEVINE, TX. 76051

Amount of contribution (\$)

200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7/15

Full name of contributor

☐ out-of-state PAC (ID#:

LEON & TRACY LEAL

Contributor address;

City; State; Zip Code

3012 RED BIRD LN.
GRAPEVINE, TX. 76051

Amount of contribution (\$)

200.⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

PAUL SUEZHTA

3 Filer ID (Ethics Commission Filers)

4 Date

10/7

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

PATRICK & DUFF ODELL

6 Contributor address; City; State; Zip Code

2821 N. ODELL CT.
GRAPEVINE, TX. 76051

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/7

Full name of contributor

☐ out-of-state PAC (ID#: _____)

EDWARD & KAREN FULLIARD

Contributor address; City; State; Zip Code

2335 MOCKINGBIRD DR.
GRAPEVINE, TX. 76051

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/7

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DENNIS SUEZHTA

Contributor address; City; State; Zip Code

3900 HERITAGE OAKS DR.
COLLEENVILLE, TX. 76034

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LARRY OLIVER

Contributor address; City; State; Zip Code

307 PEBBLEBROOK DR.
GRAPEVINE, TX. 76051

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

PAUL SLECHTA

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/15

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

BOB BURREIS

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

3735 IRA E. WOOD APT. 151
GRAPEVINE, TX. 76051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/15

Full name of contributor

☐ out-of-state PAC (ID#: _____)

WARREN: REBECCA HUMMER

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

2853 CANYON DR.
GRAPEVINE, TX. 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME PAUL SUZHTA	3 Filer ID (Ethics Commission Filers)
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4 Date 9/29	5 Payee name JG MEDIA / COMMUNITY IMPACT
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6 Amount (\$) 770.00	7 Payee address; City; State; Zip Code 16225 IMPACT WAY, SUITE ONE PFLUGERVILLE, TX. 78660
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NEWSPAPER AD
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/14	Payee name NJ GRAPHICS
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Amount (\$) 112.07	Payee address; City; State; Zip Code 203 E. WORTH ST. GRAPEVINE, TX. 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING / PRINTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CARDS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15	Payee name NJ GRAPHICS
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Amount (\$) 1,309.83	Payee address; City; State; Zip Code 203 E. WORTH ST. GRAPEVINE, TX. 76051
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING / PRINTING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILER / POSTCARDS
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME **PAUL SUECHTA**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ **1,453.53**

5 Date

6 Full name of contributor ☐ out-of-state PAC (ID#:

8 Amount of Contribution \$ 9 In-kind contribution description

10/22/15

PANDA EMBROIDERY
7 Contributor address; City; State; Zip Code
351 E. HUDGINS ST
GRAPEVINE, TX 76051

1,453.53 **CAMPAIGN SIGNS**

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of Contribution \$ In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.